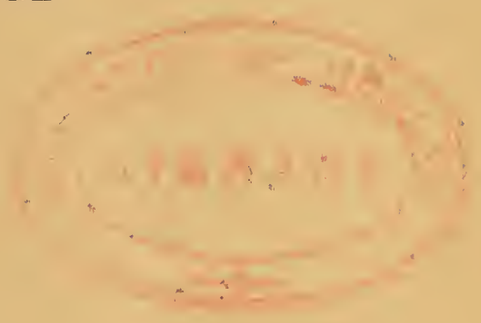
NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



THIRTIETH

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1937

Lea & Co., Ltd., Printers, Broad Street Works, Northampton.

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School Medical Department,
Guildhall Road,
Northampton.

May, 1938.

To the Members of the
Northamptonshire Education Committee.

Mr. Chairman, Ladies, and Gentlemen.

I have the honour to present the Thirtieth Annual Report upon the work of the School Medical Department.

The year under review has been one of extension both as regards inspection and treatment. Medical visits have been paid to all schools more frequently.

The appointment of a sixth dentist has made it possible for every school to be visited at intervals of approximately ten months and there has been a considerable increase in the number of children treated.

Of more than minor importance from the standpoint of school hygiene was the introduction in March, 1937, of the individual towel system in certain schools.

I have the honour to be

Your obedient Servant,

C. M. SMITH,

School Medical Officer.

FITNESS AND NUTRITION.

Although the history of the Public Health Service is not a long one, certain definite trends and tendencies are manifest. The first stages of the movement were the days of the great sanitarians, Chadwick, Simon and others, whose energies were directed to the removal or amelioration of the insanitary conditions which had been allowed to erupt after the industrial evolution of the early decades of last century. Housing and factory reform, the need for safe and efficient water supplies, for adequate systems of sewage and refuse disposal and for pure and wholesome food and milk supplies dominated the scene in these early days. While, however, the attention to environmental reforms was in no way remitted, there gradually arose an extension of the service as an expression of the need for the application of public health principles to the individual as well as to the community. Hence were born the Maternity and Child Welfare service, the Tuberculosis scheme and the Venereal Diseases schemes.

The School Medical Service has, unlike the main body of public health practice, from its inception paid due regard both to the clinical and the environmental aspects of its task. From the inherent nature of the service equal attention had to be devoted to the pupil and to his background in the school.

As regards the clinical side of school medicine, there has of recent years been a strong tendency to inculcate, where possible, measures which will raise the general standard of fitness. The treatment of ailments and deformities which formerly was apt to comprise the whole of our clinical activities must still be prosecuted as vigorously as necessary but the new concept of "positive health" will, if successfully translated into terms of practice, have far reaching results in bringing the standard of fitness of the individual child to the highest limit imposed by his or her natural endowment.

Physical education and adequate nutrition, together with a healthy environment in the school, are the more important measures which can be prescribed with the object of securing the maximum degree of fitness.

In last year's Report the physiological basis of special clothes for physical exercises was described. All parents cannot be expected readily to accept ideas on clothing for games to which they have hitherto been unaccustomed. In one School, at which minor criticism on clothing for physical training was reported, an Assistant School Medical Officer, at the invitation of the Head Teacher, met the mothers to give them a simple talk on the subject, after which the new regime was practised without opposition. There is need for more frequent opportunities of informal meetings between the medical and dental staff and groups of parents.

One of the essential conditions for proper physical development is an adequate state of nutrition. The problem of nutrition has been described as " a problem which has been " wooed by the scientist, anathematized by the administrator, " and exalted by certain sections of the lay public," The classification as regards nutritional states into Excellent, Normal, Slightly Sub-normal and Bad is a clinical one carried out in accordance with Administrative Memorandum 124, which runs thus :—" The main issue is to estimate the general well-being of " the child. Such general assessment cannot as a rule be based " upon any single criterion such as ratio of age, sex, height and " weight, but should also have regard to other data derived from " clinical observation ; for example, the general appearance, " facies, carriage, posture ; the condition of the mucous mem- " branes ; the tone and functioning of the muscular system ; " and the amount of subcutaneous fat. An alert cheerful child, " with bright eyes and a good colour, may usually be accepted " as well-nourished without demur. On the other hand, a child " who appears dull, listless and tired, who has a muddy complexion

" or stands slackly, is at once under suspicion, and should be " further examined. Too much reliance on a single sign may lead " to error. Carious teeth and other local defects should not in " themselves be regarded as evidence of faulty nutrition. It is " the general impression which decides the issue."

The classification then is made after the medical inspector, as a result of his examination, has gained a general impression and compared this with his own individual concepts of what constitute excellent nutrition, normal nutrition, sub-normal nutrition and bad nutrition. The more experienced the examiner the more fixed and constant can his clinical judgment in this respect be expected to be. From the very nature of the method differences in the classification of the same group of children by different observers, and by the same observers at different times, are bound to occur. Several papers showing the extent to which these variations between examiners are found have been published. A medical officer's mental standards depend to some extent on his own physical endowment and other factors of a personal nature, but to a more important degree on his previous experience and particularly his recent experience. A medical inspector who examined a group of elementary school children in a poor-class district would classify a greater number of them as malnourished if he had been recently working in a well-to-do preparatory school than if his past experience was confined to the former type of school. The criticism which has been levelled at the clinical method can be directed at any method of assessment which involves subjective processes of comparison, as, for example, the marking of examination papers. The Examination of Examiners showed some of the weaknesses of the examination system, but the system still survives. In spite of its occasional, or more than occasional, inconsistencies the examination system has been adhered to as an instrument of practical utility because probably on the whole it serves its purpose as efficiently as most other things in a scarcely perfect world. So the clinical method of the examination of nutrition is to be retained because it is at present the only practical method suitable to our purpose.

School medicine is keenly interested in the recent work on the elaboration of scientific methods for the detection of deficiencies of nutritional origin. The better known of these methods are the dark adaptation test for Vitamin A ; urine saturation tests for Vitamins B and C ; blood phosphatese test for Vitamin D ; haemoglobin estimation for iron and electrical tests for calcium. Modification of some of these methods will, it is safe to say, be carried out in the future as part of the routine of school medicine. The simplification of the new methods rendering them capable of being practised without difficulty in school will be watched with interest. At present they have not reached a stage at which it is feasible to put them into every-day use.

The usefulness of various indices, *e.g.*, $\frac{\text{weight}}{\text{height}}$ which have been suggested must be restricted when it is remembered that their function is to separate or screen those children among whom on subsequent clinical examination sub-normal states of nutrition are most likely to be discovered. Furthermore, the determination of the indices demands accurate mensuration. One of the most useful indices is the Tuxford Index, which, expressed in the Metric system is $\frac{\text{weight}}{\text{height}} \times \frac{381 - \text{age in months}}{54}$

The nutritional status of all children examined during the year in the routine age groups was as follows :—Among 8,118 examined, 643, or 8 per cent., were classed as slightly sub-normal, and in 24, or 0·3 per cent., the nutritional state was regarded as bad. The proportion classified as slightly sub-normal in 1937 is somewhat greater than in the previous two years, but, from what has been said above, it will be apparent that probably no significance can be attached to this increase. Of the 24 classed as bad, 11 were so grouped by one Medical Officer. The number classified as slightly sub-normal was 6·6 per cent. in 1935 and 6 per cent. in 1936. The broad fact emerges, then, from the experience of the past three years that somewhere in the region of 6 per cent. of

all children examined are not considered to reach a normal standard of nutrition.

There are many causes of malnutrition, although the League of Nations Mixed Committee on Nutrition agreed with almost all other workers that economic factors were of primary importance. Other causes, however, are impairment due to past disease or infection or to constitutional causes ; overcrowding and insanitary home conditions ; faulty habits of hygiene ; lack of adequate sleep ; ignorance of food values and of methods of selection, preparation and cooking. There is need for constant teaching of the laws of health of living, and for the promotion of physical exercises and games. The Physical Training and Recreation Act, 1937, was a welcome addition to the statute book. There is also need for increased facilities for the education of young girls and young women in the importance of dietetics and cookery, and it is gratifying to note that definite progress is being made in this direction.

INDIVIDUAL TOWEL SCHEME.

It is alike the duty and privilege of the School Medical Service to interest itself in school sanitation. Not only medical officers, but teachers and the lay public have for years viewed with disapproval the roller towel which served a variable number of children and was changed at inconstant intervals. In last year's report it was stated that the Education Committee was then giving serious consideration to a scheme whereby individual towels would be supplied to schools. It is a pleasure to record that in March, 1937, such a scheme was brought into operation, the main features of which are as follows :—" (1) the scheme is voluntary as far as individual schools are concerned, *i.e.*, a supply of towels is issued only if an application is submitted ; (2) a requisition for towels is granted subject to certain conditions :— (*a*) there must be a reasonable supply of water and washing facilities in the school, (*b*) the parents are expected to co-operate

by washing the towels at home, (*c*) all towels must be distinctly marked—embroidered with child's name or registration number ; (3) at the end of term all towels are called in and the Head Teacher is authorised to arrange for them to be washed ; (4) each child is supplied with two towels. The towels are 18 in. × 17 in. and marked as the property of the Education Committee."

At the end of the year an enquiry into the working of the scheme along lines suggested by the Secretary for Education was made through the Health Visitors all of whom act as School Nurses, and comments were also invited from the Assistant School Medical Officers.

The scheme was then in operation in 67 schools and the general results of the enquiry were :—

Water Supply : In all Schools the water supply was considered satisfactory.

Sufficiency of Basins ; In 46 schools the number of basins was deemed adequate and further enquiries are being made in regard to the 21 schools where the Health Visitors judged the number insufficient.

Soap : In all schools where the scheme was in operation soap was provided.

Washing : In 62 schools the washing was done satisfactorily and in three schools it was being only fairly well done. In the two remaining schools the system had only been introduced at the time the inquiry was made.

Storage : The towels are hung on hooks in the cloak rooms, generally with coats, hats, and in some cases shoes. In a few schools special pegs for towels have been fitted and where this is possible it is distinctly a better arrangement.

Other Details : Looping and embroidery was satisfactorily carried out and in only two cases had any towels been lost. The impression was formed by one Lady Assistant School Medical Officer that the towels would have a life of about 18 to 24 months.

General Remarks: From the reports submitted it seems clear that the general cleanliness of school class rooms and cloak rooms is on the whole much better in schools where the individual towel system has been introduced. Adequate arrangements for the children to wash should have no effect on the general cleanliness of school premises, but one Assistant School Medical Officer states that the teacher who realises the importance of the individual towel scheme as a factor in the teaching of hygiene is more likely to insist on a high standard of general cleanliness throughout the school premises than the teacher who is perhaps unduly impressed with some of the difficulties of the scheme.

In the schools where the system had been introduced it has worked well and it can confidently be said that it is worthy of further development. The expenditure can be more than justified under two headings: first, as a standing object lesson in the need for, and benefit of, a reasonable standard of personal cleanliness, and, secondly, in the diminished incidence of infection which can be expected as one of the results of its introduction.

The Education Committee is to be congratulated on introducing the individual towel system, and thanks are also due to those teachers who have shouldered the extra work and responsibility of introducing the scheme into their own schools.

Apart from the official towel system, there are 32 Elementary Schools in the County where children bring towels supplied by their parents, and in one school it is reported that this scheme has been in operation for the past nine years.

ELEMENTARY EDUCATION.

I. General Statistics.

Estimated population of Administrative County excluding Urban District of Kettering	186,750
Number of School Departments	272
Number on Registers, 31st March, 1937	23,179

II. Staff.

School Medical Officer :—

J. M. Mackintosh, M.A., M.D., D.P.H., Barrister-at-Law, until 31st May, 1937.
C. M. Smith, M.A., M.D., D.P.H., from 9th August, 1937.

Assistant School Medical Officers :—

J. Perry Walker, M.B., Ch.B. (Senior Assistant).
Meta J. Newton, M.B., Ch.B.
I. J. Jones, M.B., B.S., D.P.H.
H. Roger, M.A., M.B., Ch.B., D.P.H., until August, 1937.
J. A. Roughead, M.D., D.P.H.

School Dental Surgeons :—

P. B. Campion, L.D.S., R.C.S. (Senior Dentist).
Miss M. D. Hooper, L.D.S.
A. J. C. McIntosh, L.D.S.
G. Moody, L.D.S.
J. G. Jones, L.D.S.
Miss M. C. Morrison, L.D.S., R.C.S., from 1st May, 1937.

Clerical Staff :—

E. G. Fookes.
H. J. Ceybird.

School Nurses :—

Superintendent and 21 Health Visitors act as School Nurses.

Dental Attendants :—

E. M. Brown.
M. F. M. Marriott.
E. W. Thompson.
G. M. Yorke.
W. C. E. Page.
L. J. Burton from 1st May, 1937.

Mental Social Welfare Worker :—

K. M. Hobbs.

III. Co-ordination. In addition to the Assistant School Medical Officers mentioned above, the Education Committee have, by arrangement with the Public Health Committee, had the services of a temporary Medical Officer of Health for school medical inspection purposes, on one and a half days a week during the year.

Dr. Perry Walker is the only Medical Officer giving full time service to the Education Committee. His duties in addition to medical inspection at schools, include the examination of defective vision cases and the prescription of spectacles. A number of children under school age are also examined by him, the total during 1937 being 62.

The other Medical Officers work part time for the Education Committee and part time for the Public Health Committee.

During the first half of the year Dr. Newton, as in previous years, was engaged full time on school medical duties except for five half days a month when she conducted Infant Welfare centres. When the late Dr. L. S. Greig resigned Dr. Newton took over her duties and the Public Health Committee provided the services of a temporary School Medical Officer as substitute. In the autumn the Education Committee approved an arrangement with the Public Health Committee, which came into operation in February, 1938, whereby Dr. Newton divides her time equally between School Medical inspection and Public Health duties and the newly appointed Lady Medical Officer acts in a similar capacity.

Dr. Roger acted as Medical Officer of Health for the Towcester Rural District, and also gave one day a week to school

medical inspections in this district. Since his resignation in August the district has been served by a temporary Medical Officer, and the vacancy will be filled as from 1st February, 1938, by the transfer of Dr. J. A. Roughead.

Dr. Roughead acted during the year as Medical Officer of Health for the Burton Latimer Urban, Desborough Urban, Rothwell Urban and Kettering Rural Districts, and devoted two days a week to School Medical inspections in his district.

Dr. Jones is Medical Officer of Health for the Brackley Borough and Rural and Brixworth Rural Districts, and also devoted two days a week to the Education Committee's service.

The School Nursing staff was increased during the year by five Health Visitors, who will undertake School Nursing in their areas in addition to other Public Health duties. Four of the additional appointments were rendered necessary by an extension of the Child Welfare services to give closer supervision to the pre-school Child. The fifth appointment arose from the replacing of the Tuberculosis Nurse when she resigned by a Health Visitor.

IV. Medical Inspection : Extent.

The Co-ordination scheme agreed between the Education and Public Health Committees (as part of the County Council's arrangements under Section III of the Local Government Act of 1933, for securing the appointment of whole time Medical Officers of Health), though only partly in force, has resulted in a larger number of children being examined during the past year. Each School has been visited at least once, and it was possible to arrange a second visit to 186 schools.

At each visit the Medical Officers examine children of the routine age groups, together with special cases and children needing re-examination. As the co-ordination scheme pro-

gresses, therefore, while there will be no change in the number of children examined in the routine age groups, there will be an increase in the number of special inspections and re-examinations. This is a most valuable feature of the work as it will mean that children found to require treatment or to be kept under observation will be seen at much shorter intervals than was formerly possible.

As shown in Table I at the end of this Report, 8,018 children were examined in the routine age groups during the year, as against 8,559 during 1936. The number of special cases examined, however, increased from 481 in 1936 to 757, and the number of re-examinations of children previously noted to require treatment or observation increased from 3,912 to 4,773. The total number of inspections during 1937 was 13,548 as against 12,952 in 1936.

Included in the 757 special examinations were 311 children reported by Head Teachers as retarded. A classification of these children appears later in this Report. The number examined during 1936 was 253.

The work of the School Medical staff is summarised below :—

	1937	1936
	days	days
Elementary School Inspections ..	450½	423
Defective Vision Examinations ..	134½	144½
Secondary School Inspections ..	44½	50
Special Visits (examination of retarded children, etc.)	41½	25
	671	642½

V. Findings of Medical Inspection. Table I.—Group C. shows, for the first time, the numbers of children, classified in the

routine age groups, who required treatment for defective vision. Hitherto the figures given have been those in respect of the age groups as a whole. The numbers do not include children who were found to have a Squint.

The percentages of children found to require treatment (excluding defects of nutrition, uncleanliness and dental diseases) were—entrants, 13·3 ; intermediates, 13·4 ; leavers, 11·1, with a total percentage for all age groups of 12·6, as against 14·8 in 1936.

The defects found are classified in Group A of Table II, while the classification of the nutrition of the children inspected is given in Group B. The following are worthy of special notice :

(*a*) Skin Disease. 36 children were found to require treatment amongst the age groups, together with 6 children who were presented as Specials. The first figure is in excess of that for 1936, but the number of children found with skin disease is still very low.

(*b*) Eye Disease. 28 routine and 6 specials were found to require treatment, whilst 6 and 1 were noted to be kept under observation.

(*c*) Defective Vision and Squint. 476 children among the routine groups were found to require detailed vision examination, while 311, the great majority of whom had previously been supplied with spectacles, were noted for observation. The percentage of children among the routine groups who required examination or were to be kept under observation was, therefore, 9·8. 107 children, presented by Head Teachers as specials, required examination and 5 were marked for observation. These were children who had not previously been noted as suffering from defective vision and were outside the routine age groups.

(*d*) Ear Disease. 35 children in the age groups and 8 special cases were found to require treatment ; 20 and 3 respectively being marked for observation.

(*e*) Nose and Throat. The number of children examined in the routine age groups and found to require operative treatment for enlarged tonsils and/or adenoids was 367, whilst a further 94 children presented as special cases also required treatment. These figures are in excess of those for 1936, when 330 and 64 children were noted to require treatment. The percentage of all children examined in the routine age groups who were recommended for surgical treatment was 4·6, compared with 3·9 in 1936 and 3·9 in 1935.

(*f*) Defective Speech. 27 children were marked to be kept under observation. The main defects were stammering and the inability to sound certain letters.

(*g*) Heart and Circulation. Seven children were referred to their own doctors for treatment, mainly on account of anaemia. 107 were marked for observation.

(*h*) Deformities. 56 routine cases and 19 specials were noted for treatment, and these children were referred to the Manfield Orthopædic Hospital or Clinics through their own doctors. 108 were marked for observation, the majority of these being children already receiving treatment at the orthopædic clinics.

(*i*) Nutrition. Table II. B. at the end of this Report gives the classification of all children examined during the year in the routine age groups.

The following is a comparison of the figures for 1937 with those for 1935 and 1936 :

	Excellent.	Normal.	Slightly Sub-normal.	Bad.
1935	3·4%	90·0%	6·6%	1 case
1936	4·7%	89·2%	6·0%	8 cases
1937	6·1%	85·6%	8·0%	24 cases

Comment is made on these findings on page 7.

VI. Blind, Deaf and Defective Children. The figures with regard to these children will be found in Table III. The statement shows the state of the registers at the 31st December, 1937.

Blind. Three children were at Schools for the Blind for the whole of the year, whilst one was admitted in September, 1937. There were no discharges during the year.

Deaf. Six children were in Schools for the Deaf for the whole year ; one was discharged on reaching 16 years of age at Easter, and another was transferred to another Authority in September, 1937. There were no new admissions.

Mentally Defective Children. No children were admitted to Schools for the Mentally Defective during the year.

The Assistant School Medical Officers examined 311 children during the year, reported as being at least two years behind the age standard. On examination 25 boys and 7 girls were found to be normal. The following is a statement of the numbers of retarded and mentally defective children on our registers at 31st December, 1937 :—

	Retarded.		Feeble-minded.		Imbeciles.		Total
	B.	G.	B.	G.	B.	G.	
In Schools at end of 1936	550	349	115	83	11	9	1117
Examined, 1937 ..	141	64	37	29	4	4	279
Left during 1937 ..	166	114	34	24	8	6	352
In Schools at end of 1937	525	299	118	88	7	7	1044

The Mental Social Welfare Officer reports upon the work performed for the Education Committee during 1937 as follows :—

On the 31st December, 1937, the following feeble-minded children between the ages of 14 and 16 years were under the supervision of the Mental Welfare Officer :—

Males	32
Females	28
Total	60

During the past year, 25 males and 24 females were added to the list on reaching 14 years of age whilst 19 males and 13 females reached 16 years of age and were passed on for Voluntary Supervision. One case left the County and one was sent to a Training Home by the Waifs and Strays Society.

An important object of Voluntary Supervision is to develop a service that will help to fit the inefficient feeble-minded young persons into community life so that they may live under protected conditions outside institutions and be safeguarded from neglect and ill-treatment. The majority of the above cases are employed and the following table shows the nature of their employment :—

	Males.	Females.
Working in Factories ..	13	13
Working on Farms	11	—
In domestic service	—	5
Working in butcher's shop	1	—
Working in general shop ..	—	1
Working in scrap-iron yard ..	1	—
Working in nurseries	1	—
Odd jobs at home ..	1	4
Untraced	—	1
Information not yet to hand ..	2	1
Unemployed	2	3

A further aim is to provide simple handicrafts for children who are incapable of or unable to secure employment on leaving school. Two boys are proficient in rug-making and one girl is able to do simple embroidery at home. Two other cases are awaiting instruction. It is hoped that this branch will be extended during the present year.

At the first supervision visit efforts are made to obtain information regarding the defective's home and the supervision the parents or guardians exercise, the type of work undertaken by the defective, the wages paid, the continuity of employment, and how far the child is self-supporting or likely to be self-supporting.

Upwards of 200 visits have been paid and interviews held in connection with these cases. Numerous visits to schools have been made and thanks are due to many Head Teachers for their interest and co-operation. The visitor is able to form a link between the home and the school and a more detailed knowledge of home conditions frequently provides a useful clue to the causes both of retardation and of difficult conduct.

Efforts are also made to advise parents of children between the ages of three and seven years who may or may not be attending

school but whose mental condition is under observation and who are not yet classified. Ten of these children are on the supervision list.

Foster-parents for two children dealt with under the Children and Young Persons Act were found by the Mental Welfare Officer, who also acted as escort in the following cases :—

1 girl escorted from Remand Home to a Home at Bath.
1 girl escorted from Remand Home to foster-parent at Wellingborough.
1 girl escorted from St. Mary's Home, Leicester, to Wellingborough Public Assistance Institution.
1 girl escorted from Wellingborough Public Assistance Institution to the North Eastern Child Guidance Clinic for special examination.
1 deaf and dumb boy escorted to County Hall, Westminster, for special examination.
1 girl escorted to Wellingborough Police Court.

A complete outfit was purchased for another girl who was being boarded out under the above Act.

The Mental Welfare Officer acts as Visitor to one case placed out under the Children and Young Persons Act, who is being trained in domestic service, and monthly visits are paid to this girl.

Epileptic. There were no further admissions to Schools for Epileptics during the year. One boy only was in residence at such a School throughout the year.

Tuberculous Children. The figures given in the Table were compiled from the Tuberculosis Officer's records, the children in question being dealt with by the Public Health Committee under their Tuberculosis Scheme.

Crippled Children. Six children from the Committee's area were in-patients at the Manfield Orthopædic Hospital or Convalescent Home at the end of 1937. At the beginning of that year there were nine children under treatment, whilst 28 children were admitted during the year.

Heart. One child was admitted to a Heart Home in April and discharged in September. Two were admitted in August and one in September and were still under treatment at the end of the year.

Maladjusted Children. One girl, who had been attending the Northamptonshire Home for Girls since November, 1934, was discharged at the end of July, 1937, having reached 14 years of age. No further admissions have been made during the year.

VII. Arrangements for Treatment. Table IV shows the number of children treated under the Authority's Schemes.

Minor Ailments. The only Minor Ailments treatment given by the Committee is at the Park St. School Clinic, Wellingborough, and the Alfred St. School Clinic, Rushden, where 297 children were treated.

The new Health Centre at Corby is now in course of erection and will be opened in the Summer of 1938. Arrangements will then be made for Minor Ailments treatment to be undertaken at that Clinic. The new Infants' School in Wellingborough is also in course of construction, and when this is occupied and the old Rock Street Infants' School vacated, the adaptation of the latter premises as Health Centre will be begun. Minor Ailments treatment at Wellingborough and Rushden has been interrupted of late. There is only one room with a waiting room at each Clinic, and with the ineasecr in the School Dental staff, these rooms have been required for dental work, much of the Minor Ailments treatment being put on one side for the time being. Better

arrangements will be possible when the new Clinics proposed to be erected in these districts have been established.

Defective Vision. The 1,488 children, examined for errors of refraction, include, not only children examined in the routine age groups and as specials and included in Table II, but also a large number of others outside these groups who were marked to be re-examined during the year in question. In addition to these children, the Senior Assistant School Medical Officer also examined 145 Secondary School children for defective vision and 62 presented under the Maternity and Child Welfare scheme.

The centres at which children were examined during the year were at Brackley, Broughton, Burton Latimer, Clipston, Corby, Cosgrove, Crick, Daventry, Desborough, Easton-on-the-Hill, Finedon, Irthlingborough, Kettering, Kings Cliffe, Kings Sutton, Middleton Cheney, Northampton, Oundle, Passenham, Raunds, Rushden, Thrapston, Towcester, Walgrave, Wellingborough, Wollaston and Woodford Halse. At the above centres the necessary facilities were available, namely a room which could be darkened and a waiting room, and also the number of cases for examination justified arrangements being made for a special visit by the Assistant School Medical Officer.

Spectacles are supplied at contract prices and there are few cases in which spectacles are not obtained. Out of 1,354 children for whom spectacles, or a change of lenses, was recommended during the year, 1,246 had obtained them by the end of the year. The large majority of the remainder obtained them early in 1938. Where parents cannot afford to pay the small charge for spectacles the Committee grant assistance. During 1937, 77 applications for assistance were granted, the total amount waived being £9 11s. 6d.

Treatment of Defects of Nose and Throat. Arrangements have now been made for the treatment of children suffering

from enlarged tonsils and adenoids at the Peterborough Memorial Hospital.

The numbers of children who were treated at Hospitals under the Committeee's scheme during the year were as follows :—

Hospital	Enlarged Tonsils	Adenoids	Tonsils and Adenoids
Northampton General	94	15	97
Kettering and District General ..	7	4	24
St. Cross, Rugby	3	1	15
Horton General, Banbury	—	—	3
Peterborough Memorial	1	—	1
Total		265	

This number of children treated is smaller than usual. During 1936, 307 children received operative treatment. With the opening of the new Ear, Nose and Throat Department at the Northampton General Hospital, however, it is hoped that the waiting list, which is at present rather long, will soon be reduced.

Orthopaedic and Postural Defects. The Committee reserve eight beds at the Manfield Orthopædic Hospital, though only six were occupied at the end of the year. 37 children have been under treatment at some time during the year.

The conditions for which the 28 children admitted to the Manfield Orthopædic Hospital during the year received treatment were as follows :—

Old Paralysis	5
Flat Foot	4
Claw Foot	3
Knock Knees	3
Wry Neck	3
Club Foot	2
Bow legs	2
Drop Foot	1

Exostoses	1
Amputation of terminal phalanx of toes	1
Correction of toe deformity ..	1
Injury to shoulder	1
Old Septic Arthritis	1

The 728 children referred to in the table as having received non-residential treatment at an orthopædic clinic were referred to the Manfield Hospital either by the Committee's Medical staff through their own doctors or by their own medical men direct.

Dental Treatment. A sixth School Dentist took up duty in May, 1937. This additional appointment makes it possible for the Committee to carry out the recommendation made by the Board of Education in their Administrative Programme of Educational Development, for the initial examination of every child on its entry to school life, followed by annual re-examinations. Previous to this appointment it was not possible to examine the whole of the children in attendance, and the scheme was limited to all children between the ages of 5 to 10 inclusive, and those children over 10 years of age who had previously accepted treatment. The School Dentists are now inspecting all children in the schools, and during 1937 it was possible to visit each school at least once. The following is a summary of the work done, as compared with that of the last three years.

	1934	1935	1936	1937
Days spent on Inspections	83½	95	118	153½
Days spent on treatment	757½	842	900½	995½
Children examined ..	13956	15952	16247	23379
Children requiring treatment	12365	14147	14208	19905
Children treated	5236	5943	5694	7005
Attendances made for treatment	10992	12554	9762	10893
Teeth filled	8028	10794	14699	15307
Teeth extracted	10027	9526	8815	11500

The percentage of children found to require treatment during the year under review was 85·1 as against 87·4 for the year 1936. The percentage of children accepting treatment was less in 1937 than in 1936, viz., 35·2 as against 40·1. As already stated, during the year 1936 children who had persistently refused treatment up to ten years of age were not examined after that age, whereas in 1937 these children were inspected and offered treatment. It was to be expected that a large number of these children would still refuse to accept treatment and such has apparently been the case. It is, however, disappointing to find that in only 35% of all cases found to require attention is treatment accepted.

The charge for treatment is 1/- per child. There are, however, some parents who cannot afford this amount, especially when there are a number of children in the same family requiring treatment, and the Committee waived or reduced the fees in 94 cases, the amount remitted being £3 19s. 6d.

Uncleanliness and Verminous Conditions. The School Nurses visit the schools for the examination of all children once every three months and during other months to see children on their registers and any others presented by the Head Teachers.

The percentage of children found unclean was 2·0, against 1·7 during 1936.

VIII. Following Up. The School Nurses attended with the Assistant School Medical Officers at Medical Inspections and Defective Vision Examinations on 585 days during the year.

They take notes as to children for whom treatment is necessary and follow up the cases at the children's homes.

In addition the School Nurses follow up cases of defect which they find at their monthly visits to schools. During 1937, 652

children were noted by the Nurses to require treatment for conditions other than uncleanliness. The number of visits to homes for all conditions was 1,525.

All children who are noted at the medical inspection to have defects of one kind or another but are not referred for treatment are marked to be seen again at the next visit of the Medical Officer. These children are then called up for re-examination and all cases of defect are thereby kept under supervision.

As is stated earlier in this Report, it is now possible to visit schools more frequently than was hitherto the case, and the following up of children with defects is therefore expedited.

One of the Medical Staff attends the Wellingborough and Rushden Clinics one Saturday morning each month to see cases found by the School Nurse and any found at the medical inspections to require special observation.

IX. Infectious Disease. Three schools only were closed on account of the prevalence of infectious disease.

Name of School.	Disease.	Period of Closure.	Number on Roll.
Ashby St. Ledgers Cl.	Whooping Cough	Jan. 25 to 29	20
Welford and Sulby	Measles	April 5 to 16	93
Ashby St. Ledgers Cl.	Diphtheria	Oct. 27 to Nov. 10	20

At all three schools the conditions justified closure in accordance with the principles laid down in the Board of Education Memorandum on Closure and Exclusion from School.

104 Certificates authorising the disregarding of attendances during periods of epidemics were issued, the number of weeks affected being 218.

X. Co-operation of Parents. The number of parents attending the Inspections with their children remains satisfactory.

XI. Co-operation of Teachers. I wish to express my appreciation of the work performed by the Teaching Staffs of the Schools in connection with the work of the School Medical Service. The Service naturally throws a great amount of work on the teachers, but this has not deterred them from doing all they can to make the Service a success.

XII. Co-operation of Voluntary Bodies. The services of the N.S.P.C.C. Inspectors have been sought in cases where other means to obtain treatment have failed.

XIII. Physical Training. The Organiser of Physical Training issues a separate report.

XIV. Provision of Meals. At certain schools in the County meals are provided under Section 82 of the Education Act, 1921. Most of these are Receiving Schools, and meals are provided at cost price for children from outlying districts who are unable to go home for a mid-day meal.

No meals are provided free or at a reduced cost under Section 84 of the Act.

XV. Milk in Schools Scheme. Further returns have been obtained from the Schools of the number of milk schemes in force at the end of March, 1938, and the number of children participating in the schemes.

The classified returns are as follows, and the figures for 31st

March, 1937, and 31st March, 1936, are given for purposes of comparison.

	Number of Departments	Number taking milk	Number of children on registers	Number supplied
31st March, 1938	279	263	24,055	12,971
31st March, 1937	285	254	24,341	12,500
31st March, 1936	288	232	25,937	11,915

An effort has been made during the past year to obtain suppliers for all the schools which had not been able to put the milk in schools scheme into force. The services of the Milk Marketing Board were enlisted, and the Public Health Department also assisted in this direction. As will be seen from the figures given above, there are 16 schools only which at 31st March, 1938, had not been able to put the scheme into force. These are all very small schools with numbers on the Registers ranging from 9 to 48. At certain of these schools there is no demand for the milk, and at others it has been impossible to find a supplier who would be willing to provide the small amount of milk necessary.

39 samples of milk were collected at schools for examination in the County Laboratory. Of these, 20 samples were of pasteurised milk which all passed the test prescribed in the Milk (Special Designations) Order, 1936. The remaining 19 samples of raw milk were submitted to the methylene blue reduction test and 14 passed the test while 5 did not do so. Appropriate action was taken in respect of all samples which failed to pass the prescribed tests.

XVI. Nursery Schools. No Nursery Schools have been established though there are Nursery Classes at 14 Infants' Schools.

XVII. Secondary Education. The arrangements set out in the previous Reports have been continued without alteration.

The number of children inspected at Secondary Schools was :—

Entrants	Aged 12	Aged 15	Leavers	Specials and Re-examinations	Total
327	141	202	154	295	1119

The findings at Medical Inspection were as follows :—

	Requiring treatment.	To be kept under observation.
Defective vision	200	71
Defective teeth	116	—
Nose and Throat	10	7
Deformities	5	1
Enlarged Glands	1	—
Hearing	—	1

The only treatment given is in respect of the provision of spectacles. During the year 145 children were specially examined for this purpose and spectacles were prescribed, and obtained, in 129 cases.

TABLE I.

Medical Inspections of Children Attending Public Elementary Schools.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups :—		
Entrants	2783	
Second Age Group	2730	
Third Age Group	2505	
Total	——	8018
Number of other Routine Inspections		*nil*
Grand Total		8018

B.—Other Inspections.

Number of Special Inspections	757	
Number of Re-Inspections	4773	
Total		5530

C.—Children Found to Require Treatment.

Number of *individual children* found at *Routine* Medical Inspection to require treatment (**excluding Defects of Nutrition, Uncleanliness and Dental Diseases**).

NOTE.—No individual child is counted more than once in any column of this Table.

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	23	349	370
Second Age Group	192	189	367
Third Age Group	198	84	277
Total (Prescribed Groups)	413	622	1014
Other Routine Inspections	*nil*	*nil*	*nil*
Grand Total	413	622	1014

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1937.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS. NO. OF DEFECTS.		SPECIAL INSPECTIONS. NO. OF DEFECTS.	
	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation. but *not* requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Skin — Ringworm				
(1) Scalp	—	—	—	—
(2) Body	4	—	—	—
(3) Scabies	9	—	3	—
(4) Impetigo	17	—	3	—
(5) Other Diseases (Non-Tuberculous)	6	—	—	—
Total (Heads 1 to 5)	36	—	6	—
Eye — (6) Blepharitis	20	4	3	1
(7) Conjunctivitis	2	—	1	—
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	1	—	—
(10) Other Conditions (excluding Defective Vision and Squint)	6	3	2	—
Total (Heads 6 to 10)	28	8	6	1
(11) Defective Vision (excluding Squint)	413	261	91	4
(12) Squint	63	50	16	1
Ear — (13) Defective Hearing	3	12	2	—
(14) Otitis Media	13	3	4	—
(15) Other Ear Diseases	19	5	2	3
Nose & Throat — (16) Chronic Tonsillitis only	181	348	45	12
(17) Adenoids only	21	21	4	2
(18) Chronic Tonsillitis and Adenoids	165	56	45	—
(19) Other Conditions	8	10	1	—
(20) Enlarged Cervical Glands (Non-Tuberculous)	7	45	1	—
(21) Defective Speech	—	24	—	3
Heart and Circulation — Heart Disease :—				
(22) Organic	1	15	—	—
(23) Functional	—	77	—	4
(24) Anaemia	5	11	1	—

TABLE II.—*continued,*

DEFECT OR DISEASE.		ROUTINE INSPECTIONS. NO. OF DEFECTS.		SPECIAL INSPECTIONS. NO. OF DEFECTS.	
		Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation. but *not* requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Lungs	(25) Bronchitis	12	31	1	—
Lungs	(26) Other Non-Tuberculous Diseases	4	12	—	1
Tuberculosis	Pulmonary :—				
Tuberculosis	(27) Definite	—	—	—	—
Tuberculosis	(28) Suspected	3	—	—	—
Tuberculosis	Non-Pulmonary :—				
Tuberculosis	(29) Glands	—	—	—	—
Tuberculosis	(30) Bones and Joints	—	—	—	—
Tuberculosis	(31) Skin	—	—	—	—
Tuberculosis	(32) Other Forms	—	—	—	—
	Total (Heads 29 to 32)	—	—	—	—
Nervous System	(33) Epilepsy	3	6	—	—
Nervous System	(34) Chorea	1	5	—	—
Nervous System	(35) Other Conditions	—	—	—	—
Deformities	(36) Rickets	4	6	—	—
Deformities	(37) Spinal Curvature	5	21	3	—
Deformities	(38) Other Forms	47	79	16	2
(39) Other Defects & Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		34	37	4	2
Total number of defects		1076	1143	248	35

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	2783	208	7.5	2369	85.1	198	7.1	8	0.3
Second Age-group	2730	117	4.3	2323	85.1	276	10.1	14	0.5
Third Age-group	2505	168	6.7	2166	86.5	169	6.7	2	0.1
Other Routine Inspections	*Nil*			*Nil*					
Total	8018	493	6.1	6858	85.6	643	8.0	24	0.3

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	—	2

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
3	1	—	—	4

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
3	—	—	—	—	3

MENTALLY DEFECTIVE CHILDREN.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	206	—	—	206

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
1	4	—	1	6

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis. (Including pleura and intra-thoracic glands).

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	4	3	2	9

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
7	3	9	2	21

B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	92	—	—	92

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	90	—	—	96

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions	At no School or Institution	Total.
3	2	—	—	5

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At No School or Institution.	Total.
Deafness and Mental Defect (Feeble minded)	—	—	—	2	2

TABLE IV. TREATMENT TABLES.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)
Skin :—			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other	—	3	3
Ringworm-Body	7	6	13
Scabies	6	15	21
Impetigo	77	67	144
Other skin disease	31	22	53
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	20	69	89
Minor Ear Defects	15	14	29
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	141	304	445
Totals	297	500	797

GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

(1)	Number of Defects dealt with. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)	No. of children for whom spectacles were Prescribed (1) (i) Under the Authority's Scheme.	Prescribed (1) (ii). Otherwise.	Obtained (2) (i) Under the Authority's Scheme.	Obtained (2) (ii). Otherwise.
Errors of Refraction (including Squint)	1488	—	1488	1354	—	1246	—
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	—	—	—	—	—	—	—
Total	1488	—	1488	1354	—	1246	—

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.															
Received Operative Treatment.															
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme. (2)				Total. (3)				Received other forms of Treatment. (4)		Total number treated. (5)	
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
105	20	140	—	—	—	—	—	105	20	140	—	—		265	

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	37	—	—	—	—	728	765

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children Inspected by the Dentist :—	AGED		NUMBER.
(*a*) Routine Age Groups	3	..	63
	4	..	872
	5	..	2293
	6	..	2347
	7	..	2641
	8	..	2690
	9	..	2637
	10	..	2802
	11	..	2257
	12	..	2249
	13	..	2115
	14	..	261
Total			23227
(*b*) Specials			152
(*c*) Total (Routine and Specials)			23379
(2) Number found to require treatment			19905
(3) Number actually treated			7005
(4) Attendances made by children for treatment			10893
(5) Half-days devoted to Inspection		307	
Treatment		1991	
	Total		2298
(6) Fillings Permanent teeth		12169	
Temporary teeth		3138	
	Total		15307
(7) Extractions Permanent teeth		1628	
Temporary teeth		9872	
	Total		11500
(8) Administrations of general anaesthetics for extractions			1108
(9) Other operations Permanent teeth		501	
Temporary teeth		1881	
	Total		2382

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(*i*) Average number of visits per school made during the year by the School Nurses	8
(*ii*) Total number of examinations of children in the Schools by School Nurses	69433
(*iii*) Number of individual children found unclean	1417
(*iv*) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	Nil.
(*v*) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	Nil.
(*b*) Under School Attendance Bylaws	Nil.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1937, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified..... 8

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
(*a*) Idiots	—	—
(*b*) Imbeciles	4	4
(*c*) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
(*a*) Moral defectives	—	—
(*b*) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3, *i.e.*, " Special circumstances " cases	—	—
4. Children who in addition to being mentally defective were blind or deaf	—	—
GRAND TOTAL	4	4